

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Schultz et al.

Serial No.:

09/305,017

For:

ILLUMINATION SYSTEM PARTICULARLY FOR EUV
LITHOGRAPHY

Filed:

May 4, 1999

Due Date:

September 29, 2000

Batch No.:

062

Examiner:

Ho, A.

Group Art Unit:

2876 Attorney Docket No.: 637.0001USU

Box Issue Fee

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

OK TO ENTER
~~Match & Perle~~

CORRECTION OF INFORMALITIES

Sir:

In response to the informalities enclosed with the Notice of Allowability dated June 29, 2000, we are enclosing the formal drawings (25 sheets) for Figures 1 through 64 for the above-identified patent application.

Please charge any additional fees or credit any such fees, if necessary to Deposit Account No. **01-0467** in the name of Ohlandt, Greeley, Ruggiero & Perle. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date: September 29, 2000


Charles N. J. Ruggiero

Reg. No. 28,468

Ohlandt, Greeley, Ruggiero & Perle, L.L.P.

One Landmark Square, 10th Floor

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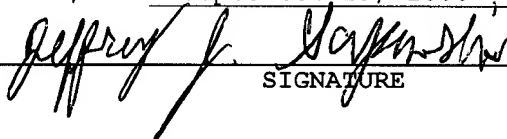
(203) 327-4500

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE U.S. POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: BOX ISSUE FEE, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON September 29, 2000.

Jeffrey J. Scepanski

NAME



SIGNATURE

9/29/00

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Schultz et al.
Serial No.: 09/305,017
For: ILLUMINATION SYSTEM PARTICULARLY FOR EUV LITHOGRAPHY
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Attorney Docket: 637.0001USU

BOX ISSUE FEE
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

AMENDMENT TRANSMITTAL FORM

Transmitted herewith is an Amendment in the above-identified application.

The fee for any change in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest Number Previously Paid	Present Extra	Rate	
Total Claims	54	Minus	54	0	x \$18.00	\$
Indepen- dent Claims	1	Minus	3	0	x \$78.00	\$
MULTIPLE DEPENDENT CLAIM FEE				x \$0 = \$		
TOTAL FEE FOR CLAIM CHANGES				PAID		

The total fee for this amendment, including claim changes calculated to be \$
00.00 .

___ A request for an Extension of Time is enclosed.

___ A check in the amount of \$ 00.00 is attached.

XX The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

September 29, 2000

Date



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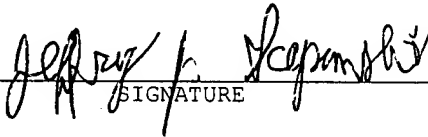
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Jeffrey J. Scepanski

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